Regional Interagency Coordinating Committee (RICC)

Meeting Minutes May 2, 2005

12:00 – 12:30 New Business

Introductions

Members present: Darcy H., Jessica K., Gilda L., Cheryl A., Robin O., Kimm S., Jill S., Dawn W., Merrill F., Diane A., Update Committee Member List Reimbursement Forms for Parents

Training Information

Parent Leadership Institute San Francisco Family Connections Conference – June 8th, 9th, and 10th Fargo, ND

The North Dakota Family Connections Spring Conference: When Children Have Special Needs seeks to strengthen ties and enhance family support by bring together families with children who have delays, disabilities and chronic mental and physical health needs and the professionals who support those families.

Registration deadline is May 31st, CEU's are available.

http://www.conted.und.edu/connections/

IFSP/Part C Compliance training was provided to Infant Development Staff, DD Case Managers and Experienced Parents on April 27th in Bismarck.

Evaluation Training will be provided on May 9th and 10th for Infant Development Staff, DD Case Managers, Experienced Parents, and other interested persons. Attendees will update the committee on this training at the August RICC meeting.

K.I.D.S. Program Update

Staffing - Darcy will be leaving the program on May 18^{th} . A full time staff position has been opened and offered. Sheryl (the KIDS Program Secretary) now has a new computer - works much better and is much faster \odot Request for square footage - Jill has put in a request for more square footage since there will be more staff in the office with the new full time position and contract staff.

Experienced Parent Program Update

The following activities have been completed since the last meeting or are on the list of upcoming activities: Fun with your senses (planting seeds), Morning playdates (music and movement), Swimming at WRCC, Transition Info Night, Sensory Integration Info night, Playdate at the Playland at WRCC, Making Valentine Cards, Temperament of Children info night.

We have had good attendance with usually have 4-10 families attending each event/activity.

RICC Parent Subcommittee Update

The Parent Subcommittee met on April 14th. The parents went over the draft of the agenda. This allowed the parents to familiarize themselves with the QIP format, the date, concerns and action steps. The Parent Subcommittee will be looking into redoing/updating the intake binders in June.

Right Track Program Update

Kimm Sickler was back with us today © She discussed the Right Track program and her plans of raising the awareness of the program. She wants to make sure that the community and outlying communities understand that this is a free program for everyone, not just the developmentally delayed children or the children who are at high risk. She is working on pulling in the numbers regarding percentages screened in the outlying communities. She talked about the state data base for Right Track and how it is/is not being used. She said that Heather Ernst will be moving so she is in the process of hiring 2 more screeners. Kimm also gave a brief update of her missions trip and her future opportunities/plans. She presented the Right Track Screening numbers for 2005. Please refer to the Childfind Data for this information.

DD Case Management Update

Movement of Public Infant Development Programs into the University System. Gilda explained this movement to the group and what it could mean for DD Case Management. She said that Williston will be working with Minot State University and Grand Forks, Fargo and Jamestown will all work with UND. This could allow 6-7 new DD Case Management positions to open up. This change will be effective as of July 1st. Once the ID programs are moved into the university system, KIDS program will be the only ID program not affiliated with an education entity.

Part C Regional Allocation Monies

There is currently \$4000 left in part c grant monies. This grant ends June 30^{th} . KIDS program staff is currently making a list of toys and equipment that is needed.

Questions for Deb Balsdon (Administrator for Children and Family Supports - Developmental Disabilities Unit)

How do we show action steps that have reached completion for the year, but are items that we do each year or that are ongoing? Opening Doors grants? Updated Part C Data?

1. Target Area: CHILDFIND/PUBLIC AWARENESS

The committee reviewed all of the new data that has been added to the plan since the last meeting in February.

Review of Data: % of Infants and Toddlers receiving Early Intervention Services

- National Target is 2%
- ND (year) (7/1/03-6/30/04) 2.23%
- ND (day) (7/1/03-6/30/04) 2.23%
- Region VIII (Year) (as of 12/31/03) 4.34%
- Region VIII (Day) (as of 12/31/03) 4.34%

Adams County (0%)

Billings County (11.11%)

Bowman County (2.25%)

Dunn County (.88%)

Golden Valley County (3.51%)

Hettinger County (0%)

Slope County (4.35%)

Stark County (5.80%)

• Special Population Information (as of 12/31/04)

Native Americans (4)

University Student Families (8)

High School Program (1)

Adoption (1)

CAPTA (2)

- Average Age of referral is 9 months (7/04-3/05)
- Percent of referrals not found eligible

1/04-11/04: 5 families out of 84 families (5.9%)

7/1/04-3/1/05: 4 families out of 65 (6.15%)

Percent of referrals withdrawn

1/04-11/04: 17 families out of 84 families (20%)

7/1/04 - 3/1/05: 16 families out of 65 (24.62%)

Eligibility by Category (7/1/04)

25% delay (2+ areas) 78%

50% Delay (1 area) 0% Diagnosis 8%

Informed Clinical Opinion 14%

(7/1/04-3/1/05)

25/2	31	47.69%
50	1	1.54%
Informed Clinical Opinion	5	7.69%
High		
Risk	1	1.54%
Not eligible	4	6.15%
Not interested	16	24.62%
Automatic	5	7.69%
Referred to Right Track	1	1.54%
Referred to Health Track	1	1.54%
	65	100.00%

• Percent of referrals by category (as of 12/03)

Referral Source:

Families: 9 (17%)

Right Track: 26 (50%)

Social Services: 1 (2%)

Physician: 10 (19%) Other: 5 (10%)

School: 1 (2%)

Total: 52

(7/1/04-3/05)

0,00)		
Right Track	32	50.79%
CAPTA	3	4.76%
St. Alexius	1	1.59%
Medcenter		
One	1	1.59%
Physician	10	15.87%
Interventionist	2	3.17%
Parent	3	4.76%

County	3	4.76%
Friend/Relative	1	1.59%
Babyface	1	1.59%
Health Track	5	7.94%
West River SS	1	1.59%
	63	100.00%

• Percentage of children being served in pre-school that were not identified before age three:

ECC/Headstart (1/15/05) (28%)

(32 children on IEP, 23 from ID, 9 were screened at ECC)

West River (1/15/05) (67%)

(31 children on IEP, 10 from ID, 21 were screened at West River)

Percent of children less than three that are screened thru Right Track

There was an attempt to gather data on this, but all of the information was not available. As of October 1^{st} the data will be collected and reported on at the February RICC.

Number of children referred from Right Track to DDCM

January: 95 screenings (4 referrals)
February: 59 screenings (1 referral)
March: 98 screenings (2 referrals)
April: 92 screenings (5 referrals)
May: 92 screenings (3 referrals)
June: 103 screenings (6 referrals)
July: 79 screenings (3 referrals)
August: 112 screenings (10 referrals)

September: 101 screenings October: 81 screenings November: 104 screenings December: 67 screenings

Total 2004 is 1083 Screenings

January 05: 107 screenings (4 referrals)

February 05: 83 screenings (5 referrals) March 05: 108 screenings (3 referrals)

• What are the referral sources to Right Track - will start keeping track of these and report them at the February 2005 meeting

Description of Concern:

- General public is not aware of Early Intervention Services and normal child development.
- Earlier Identification (currently average age of referral Region 8 is 16.34%) Right Track effectiveness is measured by average age of referral decreasing.
- There are children who are receiving and/or referred direct therapy that are not referred for Early Intervention.
- Parents feel physicians are not aware of all of the options available for children with developmental needs.
- Community does not understand the importance of recognizing speech and language delays at an early age.
- Community does not understand the importance of recognizing gross motor and fine motor delays at an early age.
- Percentage of children involved in Early Intervention is generally smaller in special populations and rural areas.
- Families that are referred into and out of regions are connected to appropriate early intervention services, including transition.

Target Area: Childfind/Public Awareness

1 <i>A</i>	Establish contact with each	Dev. Wheel	Annually	High school students will	Missi B,
	high school through principal to	KIDS	beginning	have an understanding of	Heather E., and
	provide information to health	Experienced	9/1/2002	what services are available.	Judy B., gave
	ed classes on child development	Parent	Presentations:		presentations
	and available services.	RICC Coordinator	4/1/05		to DHS in
					October. We
					gave them
					information on
					how to contact
					Right Track and
					KIDS.

Contact DHS to set up time for first presentation.

- Put together presentation packet for each school.
- Make list of high schools in region and contacts for each school.
- Set up schedule of volunteers to make presentations at each school.
- Missi Baranko and Judy Bender (Early Interventionist) gave presentations to the Dickinson High School Students in February (2005)

Concern: Earlier Identification (currently average age of referral in Region VIII is 9 months old) Right Track effectiveness is measured by average age of referral decreasing.

1 <i>C</i>	Educate physicians on the	KIDS	6/05 - change	Right Track and KIDS will	
	benefits of early referrals.	DDCM	date to 9/05	receive more referrals from	
		RICC Members		physicians.	
		Experienced			
		Parent			

- Set up dates and schedule people to attend physician meetings to give presentations.
- Develop basic agenda for presentation.
- Dr. Oksa is Chief of Medical Staff.
- Jill, Kimm, and Merrill will work on setting up a time during a medical staff meeting.
- Merrill will schedule this meeting.

1D	Produce a simple reference	KIDS	6/05 - change	Physicians will be more aware
	sheet containing red flag	RICC Coordinator	date to 9/05	of red flag behaviors of
	behaviors of Autism for	Part C		Autism and will refer these
	physician's to refer to.	RICC		children to Right Track or
		Subcommittee		KIDS at an earlier age.

- Schedule subcommittee meeting to put this together.
- Address the main areas to include in reference sheet.
- Have Merrill bring red flag list to May meeting for committee to review. The list will then be sent to physicians.
- Merrill brought "red flag" list to the meeting. (1. Lack of pointing 2. Lack of imitating 3. Lack of joint attention 4. Lack of response to name)
- When Merrill, Jill, and Kimm get together to work on the presentation for the physicians, they will look at presenting the "red flag" list along with the other info.

1E	Run Public Service	RICC Coordinator	7/31/04	Right Track and KIDS will	7/1/04 -
	Announcements containing	RICC Committee	Ongoing	receive more self-referrals	Roughrider
	information on all areas of	Members		from parents and family	Reports
	development.	KIDS		members of children.	8/1/04 -
		Cebe - Roughrider			Health Talk
		Report, Health			
		Talk			

- The Roughrider reports have been scheduled and are beginning to run.
- Put together "red flag" development to include in a public service announcement.
- Schedule subcommittee meeting to put this together.
- Health talks have been scheduled and are running
- Missi will check with Cebe to see if all of the Roughrider Reports have run and if we can rerun any of them.

1F	Provide Norm Reference Materials (create poster/flyer) to all Child Care Facilities, Churches, Doctor's Offices, WIC, etc.	KIDS RICC Coordinator RICC Committee Members (Denise S., Jessica K., Nichole T.,) Early Head Start (Cheryl) West River Special Service (Robin) Funding: Part B	Development - 9/30/04	Right Track and KIDS will receive more referrals from parents, child care providers, physicians, and family members of children.	
		(Dot and Terry Tucker), Part C			

- Distribute posters from the State (when we receive them).
- Produce simple flyer/brochure with developmental age appropriates.
- Set up subcommittee to go over previous developmental age appropriates.
- The brochures have been made and are currently being distributed by KIDS and Right Track.
- Begin providing brochures to all Family Physicians and Pediatricians for them to hand out at Well Child Visits. Missi suggested that they be handed out at all visits done by 0-3 year olds.
- It was also suggested that the brochures be handed out to all county health nurses.
- Missi will contact the administrators at Great Plains Clinic and Dickinson Clinics.

- A presentation has been scheduled for the nurses at the Dickinson Clinic on May 18th at 6:00 p.m. This presentation will include information on the Right Track program, the KIDS program, and presenting the Developmental Age Appropriate brochures. The presentation will include a request that these brochures be handed out at all visits that involve children ages 0-3 years old.
- It was suggested that "FREE Screenings" be added to the back of the brochures so that families realize that this is a
 free service.

Concern: There are children who are receiving and/or referred direct therapy that are not referred for Early Intervention.

1 <i>G</i>	Provide outpatient therapy	KIDS, RICC	6/05 - change	Right Track and KIDS will	
	agencies with information	Coordinator	date to 9/05	receive referrals from	
	regarding Right Rack and Early			direct therapy service	
	Intervention Services			providers.	

- Need to visit with Outpatient therapy and staff.
- Make sure to include SW Physical Therapy.
- Provide Developmental Brochures to all Outpatient Therapy Services.
- Provide in-service training to therapy clinics
- Jill will set a date to provide this in service training

Concern: Community does not understand the importance of recognizing speech and language delays at an early age.

1I	Educate the community	Parents, KIDS	12/31/04	KIDS and Right Track will	9/13/04 -
	(physicians, staff, providers,	Staff, Speech and		receive more speech and	training at the
	families, childcare providers	Language		language referrals at an	Wellness
	etc.) by providing more training	Pathologists, Right		earlier age.	Center. Merrill
	on the importance of	Tracks, Health			will be
	recognizing speech and language	Tracks, Medical			presenting
	delays at an early age.	community			information on
		Part C			Speech/Langua
					ge Development

- Set up different trainings/educations on speech and language.
- Set up a Health Talk presentation on Speech/Language development.

- Kimm gave information regarding the Denver Screening Program. Currently the state is looking at another screening tool. Kimm will update the committee at the August meeting regarding the new screening tool.
- One of the members suggested leaving Right Track brochures at the pharmacies. Kimm is going to look into this.

How do we measure the effectiveness of this step?

Concern:

ACTION STEP	RESOURCES	TIMELINE

2. Target Area: EI SERVICES IN NATURAL ENVIRONMENTS

Review of Data:

The committee reviewed all updated data.

- Percent of outcomes associated with Early Intervention Services that were achieved or progress was made.
- Percent of Home Visits Completed.

December 2003 51% January 2004 68% February 2004 66% March 2004 69% April 2004 61% May 2004 66% June 2004 72%

October 2004 - December 2004 Home Visit Data

TOTALS	TOTALS	%
V = VISIT MADE	443	62.13%
E = EVAL	6	0.84%
C = CONSULT	1	1.54%
M = MEETING	29	4.07%
TOTALS Visits Made		68.58%
H = HOLIDAY	11	0.14%
W = WEATHER	6	0.84%
NC = NO CONTACT	25	3.51%
NS = NO SHOW	5	0.70%
F1 = FAMILY ILL	35	4.91%
F2 = FAMILY VACATION	17	2.38%
F3 = FAMILY - SCHEDULE CONFLICT	22	3.09%
F4 = FAMILY NO REASON GIVEN	9	1.26%
F5 = FAMILY MISC	30	4.21%
I1 = INTERVENTIONIST ILL	19	2.66%
I2 = INTERVENTIONIST VACATION	18	2.52%
I3 = INTERVENTIONIST SCHEDULE CONFLICT	20	2.81%
I4 = INTERVENTIONIST MEETING - NOT WITH		
FAMILY	7	0.98%
I5 = INTERVENTIONIST TRAINING	10	1.40%
T = TRANSITIONED OUT OF PROGRAM	0	0.00%
Total Visits Not Made		31.42%
TOTALS	713	
N = NO VISIT DUE FOR DAY/WEEK	46	

TOTALS	TOTALS	%
V = VISIT MADE	479	60.56%
E = EVAL	8	1.01%
C = CONSULT	1	1.52%
M = MEETING	45	5.69%
TOTALS Visits Made		68.77%
H = HOLIDAY	12	0.13%
W = WEATHER	13	1.64%
NC = NO CONTACT	6	0.76%
NS = NO SHOW	8	1.01%
F1 = FAMILY ILL	41	5.18%
F2 = FAMILY VACATION	9	1.14%
F3 = FAMILY - SCHEDULE CONFLICT	11	1.39%
F4 = FAMILY NO REASON GIVEN	19	2.40%
F5 = FAMILY MISC	45	5.69%
I1 = INTERVENTIONIST ILL	69	8.72%
I2 = INTERVENTIONIST VACATION	12	1.52%
13 = INTERVENTIONIST SCHEDULE CONFLICT	6	0.76%
I4 = INTERVENTIONIST MEETING - NOT WITH		
FAMILY	4	0.51%
I5 = INTERVENTIONIST TRAINING	3	0.38%
T = TRANSITIONED OUT OF PROGRAM	0	0.00%
Total Visits Not Made		31.23%
TOTALS	791	
N = NO VISIT DUE FOR DAY/WEEK	64	

Personnel PT/OT/SLP/Vision/Hearing/AT/Medical Specialties (12/03-11/04)

Medical Services (4)

Nutritional Services (1)

Occupational Services (8)

Physical Therapy Services (4)

Psychological Services (1)

Social Work Services (3)

Special Instruction (11)

Speech-Language Pathology (13)

Transportation and Related Costs (2)
Vision Services (1)
Parent/Infant Program thru NDSD or NDSB (3)

As of 12/03 serving 6 out of 8 counties

Bowman, Billings, Dunn, Golden Valley, Slope, and Stark

6 month review for IFSP's

12/03-9/15/04

40 Six-Month Reviews Held

31 were not held by the 6 month date

8 were held by the 6 month date

Out of the 31 not held by 6 month date, 18 were held during the 6th month

Out of the 31 not held by 6 month date, 6 were held within the 7th month

- Part C funding and Medical Assistance is now available for children and their families. Since this availability for families we do not see
 unmet needs for family subsidy.
- Multi disciplinary evaluations are used for all evals.
- Natural Learning Opportunities are incorporated into a child's IFSP.
- Availability of Childcare
- Parent Satisfaction with Service Coordination

Overall, on the Parent Evaluations from 2004, families are satisfied with all aspects of Infant Development.

• Amount of Infant Development Services, Location and Times (as of 9/1/04)

Amount: 55 Visits Per week

1 time per month: 2

2 times per month: 3

1 time per week: 46

2 times per week: 4

As of 12/31/04

Amount: 70 total, 67.75 Actual Seen, 65.75 total billable

1 time per month: 3

2 times per month: 4

1 time per week: 60

2 times per week: 3

As of 3/31/05

Amount: 72 total, 70.25 Actual Seen, 68.25 billable

1 time per month: 2 2 times per month: 5 1 time per week: 63 2 times per week: 2

Location: Many locations are offered (daycare, home, park, etc)

Times: Visits occur at optimal times for families and their child at their choice of time.

- Services received or needed are listed on Case Plan.
- Training Opportunities are presented to the region. All training interests are run through grant proposals.

Description of Concern:

- Most of the parks in the region have handicap accessibility issues.
- Shopping can be very difficult for families with young children that have developmental delays or disabilities.
- Children with developmental delays or disabilities do not have appropriate swimming classes to attend.
- Dickinson Park and Recreation Center is unaware of changes that could be made to help to support the inclusion of children with developmental delays or disabilities.
- Percentage of completed home visits is less than 75%. The reasons are not currently collected.

Target Area: EI Services in Natural Environments

Concern: Most of the parks in the region have handicap accessibility issues.

2 <i>A</i>	Contact the Park Board to	Parent members of	10/31/2001	Families that have children	8/15/04 -
	inform of accessibility issues	committee, RICC	(Completed)	with developmental delays or	Grant
	and need for fencing for	Coordinator,	Update about	disabilities will be accessing	resubmitted
	existing playgrounds.	Experienced	Part C Funds	the parks more often.	
	Apply for Opening Doors Grant	Parent	8/1/04		
	to add 15 handicap accessible				
	swings to the regions parks.				

- Find durable handicap accessible swing, write, and submit grant.
- The grant was resubmitted in August 2004 with changes made. We have not heard back from Deb Balsdon on the progress of this grant.

Concern: Dickinson Park and Recreation Center is unaware of changes that could be made to help to support the inclusion of children with developmental delays or disabilities.

2E	Set up a committee with Park	RICC Coordinator	1/1/05	Families that have children	Set up meeting
	and Rec to help to advise on the	Experienced		with developmental delays or	for October
	needs of children with	Parent		disabilities will be able to	5 th .
	developmental delays or	Public		participate in all activities	
	disabilities.	RICC committee		sponsored by Park and Rec.	_
		members		, ,	

- Contact other programs across the state to find out what equipment they use to support the inclusion of children with developmental delays or disabilities.
- Research the internet to find equipment, training, and videos.
- Write and submit grant.
- We are currently waiting for the Opening Doors grant to be re-RFP'ed
- A committee has been set up with Park and Rec. This committee contains members from the RICC and community. Some members include parents, teachers, OT's, PT',s and Park and Rec Staff.
- Send Dickinson Park and Rec a Thank You Card.
- The committee continues to meet, some presentations have been made to coaches and staff regarding age appropriate
 activities for children.
- The West River Community Center recently sponsored a swimming day for special needs children. There weren't a lot of families, but the families who attended had a great time!

Concern: Percentage of completed home visits is less than 70%. The reasons are not currently collected.

2F	Break down data will be	KIDS	1/1/05	Families will be having more	
	provided to more accurately			visits. We will be more	-
	determine reasons for visits not			aware of the reasons visits	
	being completed.			are canceled	

Data is currently being broken down and recorded.

2G	Add the following question to	KIDS	1/1/05	Families will be having more	×
	the annual questionnaire: When			visits. We will be more	
	a visit needs to be canceled, are			aware of the reasons visits	
	you offered another time/date?			are canceled	

- The question has been added.
- The Annual Questionnaire will be given in May 2005.

Concern: Natural Environments are not always listed in the IFSP.

ACTION STEP	RESOURCES	TIMELINE
Improve the Family Assessment	KIDS Staff	5/1/05
that is used to obtain natural	Parents/Families	
environment information relating		
to each individual family.		

3. Target Area: FAMILY-CENTERED SYSTEM OF SERVICES

The committee reviewed all updated data.

Review of Data:

• Average days from referral to IFSP completion (7/04-3/05)

46 days

1(0-25) 12(26-35) 5(36-45) 21(46-75) 2(75-100) 1(101- above)

Percent of children found eligible and had an IFSP developed within 45 days from date of referral (1/1/04-8/1/04) (84%) (7/1/04-3/05) (43% had IFSP written within 45 days) (18 out of 42)

**KIDS is currently working on a system to help to track the referral process and to help us better understand why some of the families take longer to have their IFSP completed than others.

- All families sign a form stating that they are involved in the development of the outcomes for their child.
- Families are given the option to be involved in eligibility meetings.
- Families are part of the evaluation/assessment process.
- All meetings pertaining to a child are scheduled at a family's choice of dates/times/locations.
- All families currently in Infant Development are fluent in English.
- Currently there is no need for material to be available in alternative formats and/or languages.
- Families are informed that they have a choice of DDCM and ID Staff.

Description of Concern:

- The intake process can seem unfamiliar and overwhelming.
- Children with developmental delays or disabilities lack the support and resources upon entering Early Intervention.
- Parents do not know how to advocate for their child.
- Service Providers and community have a lack of understanding of Sensory Integration.
- Age Appropriate Materials are lenient in regards to identifying delay.

Concern: The intake process can seem unfamiliar and overwhelming.

3A	Refine intake process and	DDCM	5/31/04	We will meet federal
	implement procedures to	EI		requirements of 45 days
	minimize family intrusiveness	Video		from referral to IFSP while
	and reduce time between	Age Appropriate		still being family friendly.
	referral and service delivery by	Checklists		Families will also be provided
	adding materials, resources and	Experienced		with family friendly material.
	developmental age appropriates	Parent		
	to the Binder families receive			
	during the enrollment process.			

- Set up subcommittee to redo Developmental Age Appropriate Material.
- Include this new material in the binder that families receive at intake.
- Have the Experienced Parent contact all families after intake.
- Parent Subcommittee is reviewing the intake binders.
- Need to make decision changing the intake binders.
- Missi will be putting together a group of parents to work on the intake binders. We are hoping to have these completed by the end of June.
- A committee will be working on a referral policy. This policy will be implemented by July 1st and will be presented at the August 2005 RICC meeting.

Concern: Service Providers and community have a lack of understanding of Sensory Integration.

3D	Educate and provide the community opportunities on benefits on how Sensory Integration impacts daily life and experiences. Pair up Community Members with a panel of Providers at training. Incorporate Parents into the training.	Parent Resource Center (Stacy Kilwein) IDEA Part C Part B DSU Extended Campus (Marty Odermann Gardner) Nichole Tooz	October Meeting to discuss training opportunities	The community will have a better understanding on the benefits and impact of sensory integration.	
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- RICC Members will be attending a Sensory Integration Seminar in Fargo in September. After the seminar, at the October meeting, we will discuss how we want to educate the community on Sensory Integration.
- A Sensory Subcommittee has been formed. The committee is currently working on providing a Sensory Integration conference in our community.
- The conference date has been set for August 11th and 12th 2005.

4. Target Area: EARLY CHILDHOOD TRANSITION

The committee reviewed that updated data.

Review of Data:

Number of children that transition annually (12/1/03-11/30/04)
 48 families

No response: 6

Withdrawal by parent (not at age level): 2 Withdrawal by parent (at age level): 4

Moved: 8

Not Eligible to part B - exit to other programs: 2 Not Eligible to part B - exit with no referrals: 1

Part B Eligibility not determined: 1

Part B Eligibility not determined due to parent: 3

Part B Eligible: 21

As of 11/30/03

47 families

No response: 4

Withdrawal by parent (not at age level): 4 Withdrawal by parent (at age level): 7

Moved: 4
Age Level: 3

Not Eligible to part B - exit to other programs: 2 Not Eligible to part B - exit with no referrals: 2 Part B Eligibility not determined due to parent: 2

Part B Eligible: 22

- Percent of families that had Transition Outcomes in the IFSP by the time the child was 2 years of age.
- Percentage of families that request that DD Case Management Services continue after the child turned three.
- Percentage of IFSP's that continued to be used after the child was three years old.
- The majority of children transitioning into a public preschool program use an updated IFSP for the first few months until an IEP is written.

Description of Concern:

- Parents have not always understood the transition process, parental rights, and the support necessary to exercise those rights.
- Parents and team members are unaware of services in the summer for children who do not qualify for extended school services or Part B preschool programs.
- Parents state that they are concerned about lack of programming for their children.
- Service Providers are not aware of how many children may be entering their program during the school year.
- Children turning three who have been tracked through Right Track, but were not eligible for Early Intervention, do not know where to go to continue screenings.
- Parents are not aware of the possible categories that their children may receive at the IEP.
- Eligibility for school age services is not always determined by the 2-9 meeting.
- Eligibility for age 3 school services is slowed when standardized procedures are not followed.
- Agencies in Region 8 do not have a history of joint assessment.

4. Target Area: Early Childhood Transition

Concern: Parents have not always understood the transition process, parental rights, and the support necessary to exercise those rights.

4 <i>A</i>	Utilize State Transition Book	State	9/31/04	Parents will be more informed about the	
				transition process.	
	■ With new possible fed	eral regulations comin	g thru from IDE	EA, the transition book has been put on h	nold until thos
	have been made. (stayi		•	•	
1E	Upon parents request or if	Early Childhood	8/1/04	Parents who have children	
	appropriate, parents will be	Center		who transition in the summer	_
	given educational materials for			will be more educated on	
	families to work on during the			developmentally appropriate	
	summer.			activities	
	 ECC staff will be imple 	menning mis step mis	Summer.		
	ern: Parents state that they are c				
4F	ECC Staff will contact	ECC	8/1/04	Families are supported and	
	transitioning families at least			informed of programming and	X
	once during the summer.			rights.	• •
			1	rigitis.	
	■ ECC staff will be imple	menting this step this	summer.	Tignis.	
4G	■ ECC staff will be imple	menting this step this	9/1/04	Parents and children are	
4G					×
4G	 ECC staff will be imple Parents of children attending 			Parents and children are	×
4G	ECC staff will be imple Parents of children attending ECC will be made aware and			Parents and children are informed and prepared for	×
1G	Parents of children attending ECC will be made aware and have a home visit from the			Parents and children are informed and prepared for	×
4G	Parents of children attending ECC will be made aware and have a home visit from the child's assigned teacher before			Parents and children are informed and prepared for	X
4G	Parents of children attending ECC will be made aware and have a home visit from the child's assigned teacher before			Parents and children are informed and prepared for	X
4G	Parents of children attending ECC will be made aware and have a home visit from the child's assigned teacher before school Starts.	ECC	9/1/04	Parents and children are informed and prepared for the transition process.	X
	Parents of children attending ECC will be made aware and have a home visit from the child's assigned teacher before school Starts. Parents of children attending	ECC West River Special		Parents and children are informed and prepared for the transition process. Parents and children are	X
4G 4H	Parents of children attending ECC will be made aware and have a home visit from the child's assigned teacher before school Starts. Parents of children attending West River Special Services will	ECC	9/1/04	Parents and children are informed and prepared for the transition process. Parents and children are informed and prepared for	×
	Parents of children attending ECC will be made aware and have a home visit from the child's assigned teacher before school Starts. Parents of children attending	ECC West River Special	9/1/04	Parents and children are informed and prepared for the transition process. Parents and children are	X

been made.

Concern: Parents are not aware of the possible categories that their children may receive at the IEP.

		<u> </u>		<u> </u>	
4K	Inform parents of categories	KIDS	8/1/04 - change	Parents will be educated	
	of eligibility at the 2-6	ECC	date to 10/05	about categories and that	
	meetings.	West River Special		their child will be labeled.	
	_	Services,			
		Experienced			
		Parent			

- Set up meeting to discuss guidelines on how to present eligibility criteria for 619 services. Include parents, interventionists, ECC and WR staff and DD Case Management.
- Missi will set up this meeting in the fall.

4M	Evaluation will be done only on	Evaluation Team	11/1/04	Standardized protocol will	
	the child's ability - not have			determine age 3 eligibility.	
	aids such as sensory used.				

- Need to schedule meeting/training with evaluators to discuss standardized protocols for evaluations.
- Set up training "reminder" for evaluators determining eligibility.
- Possibly excluding outpatient therapy evaluations for eligibility information.
- Discuss with families whether outpatient therapy evals are relevant for preschool eligibility.

The following concerns and action steps are being put on hold until the changes and agreements have been made between 619 and Part C Services involving the authorization of IDEA.

Concern: Agencies in Region 8 do not have a history of joint assessment.

4N	When a child does not meet	KIDS	11/1/04	Children who have	
	criteria, but is showing	ECC		developmental red flags will	
	concerns, different/additional	West River		receive appropriate services.	
	protocols will be used if	Multi district			
	necessary. (Joint Assessment)	Special Education			
		Unit			

40	Educate agencies on the	KIDS	11/1/04	School agencies will	
	Memorandum of understanding	ECC		participate in Joint	
	between DPI and Part C	West River		Assessment when deemed	
		Multi district		necessary.	
		Special Education		·	
		Unit			

• Jill will updated on the 1995 Memo. The State Transition Committee is addressing concern.

4P	School Personnel will be more	KIDS	7/31/04	School agencies will	
	actively involved in testing,	ECC		participate in Joint	
	especially on children entering	West River		Assessment when deemed	
	the KIDS Program after 30	Multi district		necessary.	
	months of age.	Special Education			
	-	Unit			

Concern: Eligibility for school age services is not always determined by the 2-9 meeting.

46	Evaluations will be scheduled	KIDS	11/1/04	Families will be informed of	
	closer to the 2.6 meeting	ECC		eligibility by the 2-9	
	rather than the 2.9 meeting.	West River		meeting.	
	_	Multi district			
		Special Education			
		Unit			

- Summer Birthdays
- Guidelines have been developed between 619 services and part c containing transition guidelines.
- All plans have to be developed by the 2-9 meeting.
- We can start developing plans at the 2-3 meeting if needed.

Concern:

ACTION STEP	RESOUR <i>C</i> ES	TIMELINE	

Recent Comments made on Exit Questionnaire Regarding Transition Services:

A bit confusing at times due to Mrs. LaPlante being absent at the time.

It was just a hard transition for our family.

KIDS program should keep the kids until they are older.

We ended up stopping speech therapy with ECC because the situation was not working at the elementary school .

Missi also read a letter that was sent to her regarding one child's transition.

2:30-3:00 Old Business/Open Discussion